

ARIZONA STATE BOARD OF HEALTH

**BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

State File No. 105-2
Registered No. 82

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Hayden No. Hayden Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Frank Arthur Treweek } If child is not yet named, make
supplemental report, as directed.

3. Sex of Child Male	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate?	7. Date of birth
		5. No., in order of birth.....	Yes	October 11 1915 Month Day Year

8. FATHER
Full name Thomas Frederick Treweek

9. Residence (Usual place of abode) **Hayden, Arizona**
If non-resident, give place and state.

10. Color or race
White

11. Age at last birthday.....³⁶(Years)

12. Birthplace (city or place) Falmouth
(State or country) England

13. Occupation **Chemist**

Nature of Industry **Copper Smelter**

14. MOTHER
Full maiden name Ada Bessie Dunstan

15. Residence Hayden, Arizona
(Usual place of abode)
If non-resident, give place and state.

16. Color or race
White

17. Age at last birthday **36** (Years)

18. Birthplace (city or place).....**Falmouth**
(State or country).....**England**

19. Occupation
Nature of Industry **Housewife**

20. Number of children of this mother.....	3	(a) Born alive and now living.....	3	21. Were precautions taken against ophthalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	}	(b) Born alive but now dead.....	0	
		(c) Stillborn.....	0	
				Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Jewell
Father (Physician or midwife.)

Shows other evidence of life after birth: _____
(Physician or midwife.)
Given name added from a supplement report: 632-1011-145 Address: Hayden, Arizona
Month. day. year

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Registrar.

Filed..... 1920.

Registrar